DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY DENTAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO ATTENTION OF

MCDS 18 March 2004

MEMORANDUM FOR All U.S. Army Dental Command Personnel

SUBJECT: U.S. Army Dental Command (DENCOM) Policy Letter 04-10, Use of Nitrous Oxide Conscious Sedation in Army Dental Treatment Facilities

1. REFERENCE: Guidelines for Installation Sponsored Inhalation Sedation Courses dated 17 June 2003, Graduate Dental Education Branch.

2. SCOPE: This policy applies to all DENCOM facilities and all personnel assigned to or working in those facilities.

3. POLICY:

a. Credentials and Privileging: The use of nitrous oxide conscious sedation (inhalation sedation) in DENCOM facilities will be limited to those personnel who are granted privileges by the Dental Activity (DENTAC) commander to perform such procedures. Following are minimum requirements for granting and maintaining privileges:

(1) Provider must hold full and unrestricted privileges to practice general dentistry or one of the approved specialties within the DENTAC.

(2) Provider must show proof of completion of an American Dental Association or Army-approved course of instruction in nitrous oxide conscious sedation and have a current certification in Basic Cardiac Life Support.

(3) Army sponsored courses must comply with the guidelines referenced in Item 1 above. Requests for approval to sponsor an inhalation sedation course must be submitted in writing to Chief, Graduate Dental Education Branch, and at least 60 days in advance of the course start date. Requests will include the proposed course schedule with names and titles of individuals presenting lectures and supervising clinical instruction. A list of individuals who successfully complete the course will be forwarded to Graduate Dental Education Branch within 30 days of the course end date.

(4) Graduates of the Army Periodontics training program and graduates of accredited training programs in Oral and Maxillofacial Surgery and Pediatric Dentistry may be granted privileges for use of nitrous oxide conscious sedation based on the scope of their training and experience. They are not required to present documentation of course completion; however, the credentials committee or commander may require them to demonstrate clinical proficiency.

(5) For dentists who receive training while in dental school, appropriate documentation will consist of a letter from the school certifying that the individual successfully completed a course of instruction in nitrous oxide conscious sedation. The dental school must be accredited by the American Dental Association.

(6) If the credentials committee or DENTAC commander has reason to question the qualifications, training, or competency of any individual requesting privileges, the individual may be required to demonstrate clinical proficiency in the use of nitrous oxide conscious sedation. To demonstrate clinical proficiency, the practitioner must treat patients with this modality while under the direct supervision of a dental officer designated by the commander who has current privileges and experience in the use of nitrous oxide conscious sedation. The supervising officer must sign a statement certifying that the individual has demonstrated clinical proficiency (sample statement is attached).

(7) Practitioners who cannot demonstrate clinical proficiency will be denied privileges. Practitioners who have had previous training but cannot demonstrate current clinical proficiency may be provided supplemental (refresher) training, if appropriate, until they are able to demonstrate proficiency. Refresher training should be designed to meet specific instructional needs. Refresher training does not necessarily need to be a complete course.

(8) Privileges for the use of nitrous oxide conscious sedation will be considered lapsed if a dentist has not used this modality at least once in a calendar year. Once lapsed, privileges may be regained by refresher training and by demonstrating clinical proficiency as outlined above.

(9) Clinical privileges to use nitrous oxide conscious sedation do not include the use of machines capable of delivering greater than 50% concentration nitrous oxide. Use of this equipment will be limited to Oral and Maxillofacial surgeons and other practitioners who are able to document specific training and demonstrate clinical proficiency. Practitioners who are not able to satisfy these requirements may use equipment capable of delivering greater than 50% nitrous oxide only under the direct supervision of a health care provider who has specific training and current privileges.

b. Procedures.

(1) All equipment used for administration of nitrous oxide conscious sedation must meet requirements as listed in the attachment.

(2) If bottled oxygen gas is used, the concentration (purity) will be confirmed and documented at the time of delivery to a treatment facility.

(3) Nitrous oxide inhalation sedation equipment will be tested for proper functioning before use on each patient. The following checklist will be used to ensure uniformity of testing:

(a) Status controls
(b) Cylinder contents
(c) Cylinder pressure (must be less than 900 lbs.)
(d) Pipeline fittings
(e) Gas flow controls
(f) Patient circuit assembly
(g) Patient circuit leak test
(h) Patient circuit flow
(i) Scavenging system
(j) Oxygen cylinder purity
(k) Oxygen alarm check (if present)

(4) Pulse oximeters will be used for all nitrous oxide inhalation sedation cases, regardless of the nitrous oxide concentration or additional treatment modalities used in conjunction with nitrous oxide.

c. Forms and Records. Patient treatment conducted with the use of nitrous oxide conscious sedation will be documented in the patient’s dental record. As a minimum, documentation will include the following statements in the SF 603/603A:

(1) That an equipment test was conducted.

(2) That a central oxygen supply was used or, if a compressed tank was used, the tested purity percentage of oxygen.

(3) The percentage concentration of nitrous oxide to oxygen administration during the procedure.

(4) Patient vital signs (blood pressure, respiratory rate, pulse, and oxygen saturation) prior to administering nitrous oxide, during administration of nitrous oxide, and at completion of the procedure. If available, continuous monitoring of patient vital signs should be accomplished with non-invasive monitoring equipment.

(5) All patient treatment and drugs administered.

(6) The patient's postoperative condition and the postoperative instructions.

Signature Authenticated by ApproveIt,
Approved by: sidney A. Brooks,
on:Friday, 26 March, 2004 at 11:49:45

SIDNEY A. BROOKS
Colonel, Dental Corps
Commanding

STATEMENT OF PROFICIENCY

Office Symbol Date

Memorandum For

SUBJECT: Demonstration of Clinical Proficiency in the Use of Nitrous Oxide Conscious Sedation (Inhalation Sedation).

_____Name and grade of individual_____ has demonstrated clinical proficiency and knowledge of the procedures used for nitrous oxide conscious sedation by treating patients while under the direct supervision of a dental or medical officer privileged and experienced in the use of this modality.

Officer Certifying Clinical Proficiency:

Name and Grade: _____

Title: _____

Signature: _____

DENTAC Commander's Signature Block

REQUIREMENTS FOR INHALATION SEDATION EQUIPMENT

1. The unit must have a proven effective fail-safe mechanism to shut off the machine if the oxygen line pressure falls below a safe level.

2. The unit will not be able to start if the availability of oxygen is insufficient.

3. The unit will not be able to deliver more than 50% nitrous oxide concentration. Oral and Maxillofacial surgeons may use equipment that is capable of delivering greater than 50% concentrations of nitrous oxide as stated in item 3.a.(8).

4. The unit must have a means to deliver oxygen under pressure for resuscitation.

5. The unit must have an over-breathe valve that enables the patient to breathe room air if the patient over-breathes the reservoir system.

6. The nosepiece must have a non-rebreathing valve.

7. The unit must have a check valve to prevent expired gases from entering into the reservoir system.

8. The unit must have a functioning flow meter.

9. In addition to the large tank regulators, regulators will be built into the unit to maintain the proper line pressure.

10. The unit will be a standard line production unit requiring no special modifications that might make field maintenance difficult.

11. The unit will be equipped with a scavenging device to prevent buildup of waste gases.

12. The unit must be capable of indicating concentration of nitrous oxide (in percentage) being delivered and the total flow in liters per minute.

13. Desirable, but not required features:

    a. Portability and dual use capability as a resuscitator.

    b. There should be a method allowing total flow rates to remain constant, once determined for the patient, and varying only the concentration with the total flow.

    c. Tubing, adapters, valves, and attachments to face masks and endotracheal tubes should fit existing equipment and be interchangeable from unit to unit.